Do not use this space.

23255

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1. PLACE OF DEATH

County _Jackson_   Registration District No. _389_

Township _Blue_   Primary Registration District No. _108_

City _Leeds Stat_ (No. _T.B. Hospital_ ... St. ... Ward)

File No. _2961_

Registered No. _2961_

2. FULL NAME _Frazier, Ruby_

(a) Residence, No. _1311 Woodland_ St. ... Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Female_   **4. COLOR OR RACE** _Negro_   **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _Single_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Dec. 18, 1904_

7. AGE YEARS _28_ MONTHS _7_ DAYS ___ If LESS than 1 day, ___ hrs. or ___ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _At Home_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____   **11.** Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ludlow Mo_

13. NAME _Frazier, Luther_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Mo_

15. MAIDEN NAME _Craig, Lizzie_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Mo_

17. INFORMANT (ADDRESS) _Elizabeth Frazier Ludlow Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Utica, Mo._ DATE _8/21/33_

19. UNDERTAKER (ADDRESS) _Watkins Bros. Undt. Co._ _1729 Lydia M.M. Crowe_

20. FILED _July 20, 1933_ _M. M. Crowe_ Asst. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _July 18, 1933_

22. I HEREBY CERTIFY, That I attended deceased from _July 11_, 19_33_, to _July_, 19_33_

I last saw her alive on _July 18_, 19_33_ Death is said to have occurred on the date stated above, at _6:55_ p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis _2 3 yr._

Other contributory causes of importance: _____

Name of operation _none_   Date of _____

What test confirmed diagnosis? _Sputum_ Was there an autopsy? _Yes_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19__

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _No_

If so, specify _____

(Signed) _Paul G. Platt_ , M. D.

(Address) _K.C. Tuberculosis Hosp._